



SDI Review Form 1.6

Journal Name:	<u>Ophthalmology Research: An International Journal</u>
Manuscript Number:	2014_OR_15827
Title of the Manuscript:	Repeated Intravitreal Bevacizumab Injections versus Combined Intravitreal Bevacizumab and Posterior Subtenon Triamcinolone Injections for Treatment of Diabetic Macular Edema
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	1. I am concerned that if in the same patient you apply both treatments. One eye: repeated intravitreal bevacizumab and the other eye: intravitreal bevacizumab and posterior subtenon triamcinolone injection. Since there is well known the contralateral eye effect of intravitreal bevacizumab. 2. The title of this article should be redefined. For example, "Repeated intravitreal bevacizumab injections versus Single combined intravitreal bevacizumab and posterior subtenon triamcinolone injections for treatment of diabetic macular edema". 3. Empathize in diffuse type of diabetic macular edema as an inclusion criteria.	1. After randomization, the two eyes of the same patient received only one type of treatment. 2. We modify the title as suggested by the reviewer. 3. We empathized the type of diabetic macular edema in the manuscript.
<u>Minor</u> REVISION comments	4. It is been proven that is not necessary aqueous humor removed by paracentesis after intravitreal bevacizumab in all cases, because the increased of intraocular pressure is transitory. Only in some cases that we suspect central retinal arterial occlusion. 5. In line 79 should be added that intravenous fluorescein	4. we already mentioned that we made paracentesis as appropriate and not in every case in both groups. (line 93) 5. this statement was added to the text in line 79.



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	angiography is useful to rule out macular ischemia. 6. It is a relatively short-term follow up.	6.it is relatively short term study because it is a short acting therapy.
<u>Optional/General</u> comments	It is a very interesting study because simplifying the treatment we would obtain effective results.	